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Bb Data Sheet

CONFIRMATION NO. 2445

|   |   |                                  |   |   |                                |
|---|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/869,287  | <b>FILING DATE</b><br>08/09/2001<br><b>RULE</b>   | <b>CLASS</b><br>370              | <b>GROUP ART UNIT</b><br>2661   | <b>ATTORNEY DOCKET NO.</b><br>L9289 01157 |                                |
| <b>APPLICANTS</b><br>Yoji Yokoyama, Yokosuka-shi, JAPAN;<br><b>** CONTINUING DATA *****</b> <i>yes, pg</i><br>THIS APPLICATION IS A 371 OF PCT/JP00/07538 10/27/2000<br><b>** FOREIGN APPLICATIONS *****</b> <i>yes, pg</i><br>JAPAN JP11-309005 10/27/2000   |   |                                  |   |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature <i>[Signature]</i> Initials <i>[Signature]</i> |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>8                  | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>Stevens Davis Miller & Mosher<br>1615 L Street N W Suite 850<br>Washington ,DC 20036  |   |                                  |   |   |                                |
| <b>TITLE</b><br>Communication apparatus and communication method  |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1070  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Exp. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |